

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

93871-57 45255
STATE FILE NUMBER

FILED JAN 10 1958

Registration District No. 267 Primary Registration District No. 5905 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY PEMISCOT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PEMISCOT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GODAIR TWP.		c. CITY OR TOWN PORTAGEVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First JAMES Middle EDWARD Last KING		4. DATE OF DEATH Month DECEMBER Day 17 Year 1957	
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 16, 1957
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		9b. AGE (In years last birthday) IF UNDER 1 YEAR: Months 1 Days 1 Hours 1 Min. 1	
10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (City and state or country) PORTAGEVILLE, MISSOURI	
13. FATHER'S NAME JAMES KING		12. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME LILLIE BEE CAMERON		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT JAMES KING Address PORTAGEVILLE, MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a) and (b)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) multiple Congenital Deformities Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH hours	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 7593	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION PORTAGEVILLE, MO.	
21. I attended the deceased from 17 Dec 57 to 17 Dec 57 and last saw him alive on 17 Dec 57		22a. SIGNATURE R. J. Smith M. D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 17, 1957	
23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE COLORED CEMETERY		23d. LOCATION (City, town, or county) (State) PORTAGEVILLE, MISSOURI	
24. FUNERAL DIRECTOR DELISLE FUNERAL PARLOR PORTAGEVILLE, MO.		25. DATE RECD. BY LOCAL REG. 1-4-58	
26. REGISTRAR'S SIGNATURE John W. German		27. DATE SIGNED 21 Dec	

1-18-58

JAN 8 - 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.